

Second Trimester Maternal Screening Alpha-Fetoprotein (AFP)/Quad Screen Patient Information Sheet

Patient Name - Last Name	First Name	Middle Initial
Ordering Physician Name	Physician Phone <i>(with International and/or Area Code)</i>	MML Account Number <i>(if known)</i>

The following 10 questions MUST be completed in order to provide interpretation of test results.

1. Serum Collection Date _____ <div style="text-align: center; font-size: small;">(Month Day Year)</div>	
2. Birth Date _____ <div style="text-align: center; font-size: small;">(Month Day Year)</div>	
3. Weight _____ Lbs. or _____ Kg.	
4. Insulin Dependent Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Select Yes if patient was on insulin prior to this pregnancy; otherwise select No</i>	
5. Race? <input type="checkbox"/> Black <input type="checkbox"/> Other/Non-Black/Mixed	
6. Twin Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Ultrasound EDD is required for twin pregnancies. Risk estimates are not available for triplets or diabetic-twin pregnancies. If one twin is deceased, select No; however, analyte levels may be impacted.</i>	
7. In-Vitro Fertilization (IVF) ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>The age of the egg affects the risk calculations.</i> <i>If egg donor (other than patient), need donor DOB:</i> _____ <i>or current age:</i> _____ <div style="text-align: center; font-size: small;">(Month Day Year)</div> <i>If frozen egg or embryo used, how long was egg or embryo frozen:</i> _____ <div style="text-align: center; font-size: small;">Years Months</div>	
8. Has this patient had a previous pregnancy with Down Syndrome (trisomy 21) or other trisomy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is this a repeat serum screen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list previous control number:</i> _____	
10. Gestational Information <ul style="list-style-type: none"> Neural tube defect (NTD) risk assessment is not available before 15 weeks, 0 days, by ultrasound; 16-18 weeks is preferred. Risk assessment for Down syndrome and trisomy 18 is available from 14 weeks, 0 days to 22 weeks, 6 days. <p>EDD _____ by <input type="checkbox"/> Ultrasound or <input type="checkbox"/> LMP <i>Note: Results will differ depending on method checked. Ultrasound dating increases overall screening performance and is required for twin gestations.</i></p> <p><i>If LMP is unknown and ultrasound has not been performed, provide other dating, such as physical exam or IVF. Please be specific. For IVF, specify which day embryo transfer occurred (day 3-5) and date of transfer. For physical exam, provide exam date and weeks gestation on the date of exam.</i></p>	

Please note that we are unable to calculate risks for samples received without the necessary information.

If you have questions, contact Mayo Medical Laboratories at 1-800-533-1710 and ask for the Maternal Screening area.